

SERFF Tracking Number:	FNWW-126011601	State:	Arkansas
Filing Company:	Farmers New World Life Insurance Company	State Tracking Number:	41521
Company Tracking Number:	DMRS 2009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Direct Response		
Project Name/Number:	Direct Response Application/DMRS 2009		

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: Application for Direct Response SERFF Tr Num: FNWW-126011601 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 41521

Sub-TOI: L08.000 Life - Other

Co Tr Num: DMRS 2009

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Christine Andreason,  
Peter Lindstrom

Disposition Date: 02/12/2009

Date Submitted: 02/11/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Direct Response Application

Status of Filing in Domicile: Pending

Project Number: DMRS 2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/12/2009

Explanation for Other Group Market Type:

State Status Changed: 02/12/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing an application for Life Insurance to be used for Direct Response marketing to our existing policyholders. It will be directed to insureds who have been underwritten within the last two years. We are therefore asking limited questions. It is intended to add to the face amount already in force, NOT as a replacement.

The application is relatively short with no underwriting questions per se, but a few questions are posed as statements that the applicant must attest to with his/her signature in order to be able to submit the application. The agent is not

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involved in this process.

The policy we offer is a Level Term plan.

## Company and Contact

### Filing Contact Information

Christine Andreason, Contract Specialist christine\_andreason@farmersinsurance.com  
3003 77th Ave SE (206) 275-8084 [Phone]  
Mercer Island, WA 98040 (206) 236-6526[FAX]

### Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington  
3003 77th Avenue S.E. Group Code: 212 Company Type: Life  
Mercer Island, WA 98040 Group Name: State ID Number:  
(206) 275-8131 ext. [Phone] FEIN Number: 91-0335750  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Fee for 1 application.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	02/11/2009	25656270

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/12/2009	02/12/2009

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## **Disposition**

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Life Insurance Application		Yes

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## Form Schedule

Lead Form Number: 31-4622

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	31-4621	Application/ Life Insurance Enrollment Application Form	Initial		58	31-4622 AR-NM.pdf

# Farmers New World Life Insurance Company

[Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890  
Phone: (206) 232-8400 Fax: (888) XXX-XXXX  
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325  
Phone: (614) 764-9975 Fax: (888) XXX-XXXX]



FARMERS  
LIFE INSURANCE

## [Life Insurance] Application - Direct Response

Application Number: [DMXXXXXXXX]

Note: You will not be eligible for the coverage applied for in this Application unless you can acknowledge the representations and provide the information below and submit this Application to us by [Month XX, XXXX].

**Plan:** [10 Year Level Term (617)]

**Class:** [Preferred Non-Nicotine]

**Face Amount:** [\$150,000]

**Premium:** [\$XXX.XX/month]

**Proposed Insured and Policy Owner:** [Jane Doe]

**Gender:** [Female]

**Date of Birth:**

/ /

**Social Security Number (SSN):** - -

**Beneficiary:** Estate of [Jane Doe]

**Billing Address:** [123 Any Street, City, State Zip]

**Billing Method:** [BCP/EFT; premiums automatically withdrawn each month from your bank account ending in XXXX]

Will any in-force or pending life insurance policy or annuity contract be reduced, replaced, or discontinued; or will payment of premiums be stopped if the insurance requested is issued? ☐ Yes ☐ No

### AUTHORIZATION

I authorize any medical practitioner; hospital; clinic or other medical or medically related facility; insurance company; the Medical Information Bureau; the Veterans Administration; or any consumer reporting agency, who possesses any information regarding my medical history (including information related to HIV; sexually transmitted disease; nicotine use; drug use or treatment; prescription drug history; alcoholism; or mental health disorder) and/or non-medical (including financial, driving, and criminal) history to give to Farmers New World Life ("FNWL"), its reinsurers and their authorized representatives any such information. I realize that I (or my authorized representative) have the right to receive a copy of this authorization. A copy of this authorization shall be as valid as the original. This authorization is valid for 24 months from the date shown below. If the laws of my state of residence address the collection, use, and disclosure of HIV/Acquired Immunodeficiency Syndrome (AIDS) related information by Insurers, I will receive a separate notice regarding the collection and disclosure of HIV/AIDS related information.

### ACKNOWLEDGEMENT

I have read, or have had read to me, this Application as well as the Important Notice disclosure statement listed on Form [31-5287]. I acknowledge that this Application, completed and signed by me, will be attached to, and made part of the Policy Contract, if issued. I understand that receipt of this Application and any attached forms by FNWL does not guarantee a policy will be issued. **I agree that: (1) I will notify FNWL if any information or representation given in any part of this Application changes prior to delivery of the Policy Contract; and (2) the coverage indicated in this Application will not begin unless the first modal premium is paid and I am living and insurable under the terms of this Application.**

POB# [XXX] H[XXX]W[XXX] BCL# [XXXXXXX] Agent# [XX-XX-XX]

31-4622

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AR/NM (01/09)

## TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security Number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), **and**
2. I am a U.S. person (including a U.S. resident alien).

## FRAUD WARNING

["Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison."]

## STATEMENT OF INSURABILITY

I represent that:

1. In the past [three years], I have not been admitted or been advised to be admitted to any hospital, emergency room, or health care facility, nor have I undergone or been advised to undergo surgery and/or tests for any diagnosed or undiagnosed condition (excluding pregnancy or routine exams);
2. In the past [three years], I have not received nor been advised to receive treatment and/or counseling for the use of any drug, alcohol or prescription medication;
3. In the past [three years], I have not been convicted of a crime nor had my driver's license suspended or revoked, nor been convicted of reckless driving or driving under the influence (DUI/DWI);
4. In the past [12 months], I have not used tobacco or nicotine products in any form; and
5. In the past [three years], I have not had an application for life, accident or health insurance or reinstatement of a policy declined, postponed, cancelled or issued other than as applied for.

By signing below, I acknowledge to the best of my knowledge and belief that the above statements are true, accurate and complete, and will be relied on by FNWL to determine my insurability.

*(If you are unable to truthfully attest to the statements made in the Acknowledgement, Taxpayer Certification, and Statement of Insurability sections, this document cannot be signed and the policy cannot be delivered or placed in force. Please contact your agent if you wish to review your other options for obtaining additional insurance.)*

X _____	Signed In: _____	On: ____ / ____ / ____
Proposed Insured's/Policy Owner's Signature	State	Month, Day, Year

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## **Rate Information**

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## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Flesch Certification	01/28/2009
<b>Comments:</b>		
<b>Attachments:</b>		
Flesch Score.pdf		
Certification.pdf		

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Statement of Variability	02/10/2009
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Variability.pdf		

**ARKANSAS**

**READABILITY CERTIFICATE**

The undersigned certifies as follows:

1. The Flesch scores of the enclosed forms are:

<u>Form Number</u>	<u>Form</u>	<u>Flesch Score</u>
31-4622	Application	58.4

2. The form complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_  
Ryan R. Larson  
Title: Vice President and Chief Actuary

Date: February 10, 2009

**ARKANSAS**

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31-4622	Application	58.4

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**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_  
Ryan R. Larson  
Title: Vice President and Chief Actuary

Date: February 10, 2009

ARKANSAS

**Certification**

The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information, and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

Form Number

31-4622

Form

Application

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**

A handwritten signature in black ink that reads "Ryan Larson". The signature is written in a cursive, flowing style.

By: \_\_\_\_\_

Name: Ryan R. Larson

Title: Vice President And Chief Actuary

Date: 2/10/2009

## Statement of Variability

(All brackets will be removed in the application that is sent to the Proposed Insureds.)

1. Address block: We have bracketed this section as we have not yet assigned a fax number for this Direct Response offer.
2. [Life Insurance]: We will insert the name of the insurance form offered.
3. Application Number: We will insert a new policy number, which will be used on the new plan.
4. Plan: [10 Year Level Term (617)]: We will insert the plan offered.
5. Face Amount: [\$150,000]: We will insert the face amount offered.
6. Class:[Preferred Non Nicotine]: We will insert the Premium Class offered.
7. Premium: {\$XXX.XX/month}: We will insert the premium for the coverage offered.
8. Proposed Insured and Policy Owner: [Jane Doe]: We will insert the proposed insured's name.
9. Gender: [Female]: We will insert the gender we have on file for the Proposed Insured.
10. Beneficiary: Estate of [Jane Doe]: We will insert the name of the Insured/Policy Owner.
11. Billing address [123 Any Street, City, State, Zip]: We will insert the address of the Proposed Insured we have on record.
12. Billing Method: [BCP/EFT; premiums automatically withdrawn each month from your bank account ending in XXXX]: We will insert the last four digits of the account we have on file.
13. Acknowledgement: Form [31-5287]: We have bracketed the form number in case the Important Notice disclosure document is revised and given a new number.
14. At the bottom of the page: POB#, H, W, BCL#, Agent# are for internal information only.
15. Fraud Warning: The Fraud Warning is bracketed to be changed if the wording is changed in the future. We recognize that a change needs to be refiled in WA, MD and OK.